

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

EMERGENCY COMMITTEE FOR ISRAEL(b) Address (number and street) ☐ check if different than previously reported
11 DUPONT CIRCLE NW SUITE 325

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001911**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2012

D D D / Y Y Y Y Y Y

through

M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2012

D D D / Y Y Y Y Y Y

2012

5. (a) Date of Public Distribution(s)M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2012

D D D / Y Y Y Y Y Y

2012

(b) Communication Title What's Wrong**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Noah Pollak

(b) Address (number and street)

11 Dupont Circle NW
Suite 325

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Emergency Committee for Israel

(e) Occupation

Executive Director

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

60500.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Noah Pollak

SIGNATURE

Noah Pollak

[Electronically Filed]

DATE

10/11/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.